

☐ NEW☐ RENEWAL☐ ALARM TECH☐ ALARM TECH-TEMP

**Alarm Technician – Alarm Technician Temporary
License Application
Metro Louisville/Jefferson County, KY**

Make check payable to: False Alarm Reduction Unit
Mail application and required forms to: Pam Steiger, LMPD
768 Barret Avenue, Room 410
Louisville, KY 40204

Annual License Fee - \$25.00

Applicant Name:		License #:	License Expires:
Social Security Number: _____ - _____ - _____ OR you may enclose a set of classifiable fingerprints			
Maiden Name or Alias:		Home Address:	
City:		State:	Zip:
Contact Telephone Number(s):	Day:		Evening:
Birth Date: ____/____/____ Please enclose a copy of a government issued photo id . Applicant must be at least 18 years of age. MM DD YYYY			
Please list below the Names, Addresses and License Numbers for all Alarm Businesses you work for as an employee or sub-contractor. (Please include a separate sheet for additional names)			
Name:	Address:		License #:
Name:	Address:		License #:
Name:	Address:		License #:
Have you ever been convicted of: (If so, please attach letter of explanation.)			
Violent Crimes <input type="checkbox"/> Yes <input type="checkbox"/> No			
Sexual Offenses <input type="checkbox"/> Yes <input type="checkbox"/> No		Theft or Fraud Related Offenses <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please enclose (1) of the following documents: Proof of level one course and maintenance requirements of the National Burglar and Fire Alarm Association (NBFAA) or its equivalent (New applications only) Proof of Annual continuing education credit required by NBFAA or equivalent certification program (Renewal applications only)			

I hereby affirm that I have not made any false statement of a material matter for the purpose of obtaining a license. I have not violated the provisions of Chapter §127 or failed to provide all the information required by §127.09. I understand Violation of §127.09 shall be sufficient cause for refusal to issue a license or to revoke a license.

I further understand that the above information will be used by the Louisville Metro Police Department to issue an alarm technician license or an alarm technician temporary license and any untruthfulness or falsification with intent to mislead may result in my prosecution under Kentucky revised statute 523.100.

Applicant's signature

Date

THIS FORM MUST BE NOTORIZED:

Subscribed and sworn before me _____ on the _____ day of _____, 20____.

Applicant's signature

Notary Public: _____ (Seal)

State of _____

My Commission Expires: _____